

# TOWN OF JERICHO

Jericho Summer Recreation, P.O.Box 39 Jericho, VT 05465

## REGISTRATION FORM 2016

Sessions I and II: June 20 – July 29 Jericho Residents \$385.00 \_\_\_\_\_ \*Non-Residents \$445.00 \_\_\_\_\_  
Session I: June 20 – July 8 Jericho Residents \$205.00 \_\_\_\_\_ \*Non-Residents \$240.00 \_\_\_\_\_  
Session II: July 11– July 29 Jericho Residents \$205.00 \_\_\_\_\_ \*Non-Residents \$240.00 \_\_\_\_\_  
Combo Session (pick 3 week of 6) Jericho Residents \$207.00 \_\_\_\_\_ \*Non-Residents \$242.00 \_\_\_\_\_  
Check your choices here: WK 1 \_\_\_\_\_ WK2 \_\_\_\_\_ WK3 \_\_\_\_\_ WK4 \_\_\_\_\_ WK5 \_\_\_\_\_ WK6 \_\_\_\_\_  
(If adding a week or paying by the week, the fee is \$75 for Jericho Residents and \$85 for Non Residents)  
(Rates are half for third child and on)

\*\*\*\*\*There is no Camp on Monday, July 4<sup>th</sup> 2016\*\*\*\*\*

Residents and non-residents may register on Friday, March 11, 2016 from 4:30 p.m. – 6:30 p.m. at the Jericho Town Hall. All applications received after this date will be accepted on a first come, first serve basis according to space availability. All information must be complete for each registered child. Incomplete applications will be returned. **50% payment must be submitted with the application or space will not be reserved. A check payable to Town of Jericho or a credit card (<https://www.xpress-pay.com>) could be used. Final payment for all sessions is due on Monday, June 6<sup>th</sup>.**

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

(First) (Last)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade completed 6/16 \_\_\_\_\_

Total # of children in program \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number - home: \_\_\_\_\_ Phone Number - work: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (Email is used for communication purposes)

(Please Print Clearly)

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number - home: \_\_\_\_\_ Phone Number - work: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (Email is used for communication purposes)

(Please Print Clearly)

Mailing Address \_\_\_\_\_

Emergency contact (other than parent/guardian) \_\_\_\_\_ Tel. # \_\_\_\_\_

The remaining 50% balance will be due on or before June 6, 2016 for ALL sessions. Children will not be admitted on the first day of camp unless payment is received in full and medical forms are completely filled out.

**I understand that refunds will not occur after May 6, 2016. I have reviewed, understand and agree to comply with the Town of Jericho Summer Recreation Program's Policy Regarding Discipline. The discipline policy is located in the Summer Recreation Handbook.**

\_\_\_\_\_  
Signature of Parent/Guardian

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## POLICY REGARDING HEALTH CARE ISSUES FOR CAMPERS

The Summer Recreation Program will make reasonable accommodations to facilitate campers' health care issues during the Program hours. However, it must be understood that the Program does not employ medically-trained personnel, other than providing counselors/directors with basic first aid, and at least one with life-guard certification. In addition, we do not provide one-on-one care for children in need of that service for either mental or physical conditions.

**MEDICATION:** No medications of any kind will be dispensed by the Staff of the Summer Recreation Program unless a written note from either a doctor or parent is present.

**INDIVIDUAL BEHAVIORAL ASSISTANT:** Parents must provide for an Individual Behavioral Assistant to be present with their child during the Program, if the child is accompanied by an Individual Instructional Assistant during the school year.

**SERIOUS INJURY/ILLNESS:** The Director, Assistant Directors or a counselor will contact a family member/friend initially if the situation does not appear to be life-threatening. Emergency Medical Services will be contacted immediately if the situation appears life-threatening, and family member/friend will then be called.

**SERIOUS ALLERGIC CONDITIONS:** An *Emergency Health Care Plan* is required for any child who is in need of an immediate medical response to an allergic reaction. However, campers must be able to carry and self-administer an Epi-pen or other medication in an emergency situation. The Program's counselors and directors will contact emergency services under these conditions, as in any other medical emergency.

In regards to severe reactions to food, insect bites/stings, fabrics, plants, latex, or any other equipment/product, the Program is not responsible for the child avoiding these items. Specifically regarding food allergies, during snacks and meals, the child may sit apart from her/his group if deemed necessary by the child's parents/physician, but in close proximity to their counselor so that oversight may still be maintained. If the child's food needs to be kept separately, a cooler must be provided by the parent/guardian. Other children in the Program will be made aware of the child's allergy situation, but no restrictions will be placed upon food brought to camp or used in our cooking class. There are a variety of choices for campers to choose from, and if not participating in the cooking class is deemed the healthiest choice for the camper, this is easily accommodated.

**FORMS:** If a child requires an *Emergency Health Care Plan* form as outlined above, parents should contact our Director at 899-9970 ext 7. All forms must be completed and returned no later than two (2) weeks prior to the start of the Program session enrolled in for the current year.

Adopted April, 2003

Jericho Selectboard

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Child's Name: \_\_\_\_\_

(Last)

(First)

Physician's Name, address and tel. #: \_\_\_\_\_

\_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Please indicate if any of the following apply to your child:**

~ Restricted from participating in any activities: N Y If yes, please list: \_\_\_\_\_

\_\_\_\_\_

~ Breathing difficulty (e.g. asthma): N Y If yes, how severe? \_\_\_\_\_

~ Seizure disorder: N Y If yes, when was the last seizure? \_\_\_\_\_

**Reaction to/Allergic to:**

1) Insect Bites N Y (e.g. bees) If yes, list: \_\_\_\_\_ 2) Food N Y If yes, list: \_\_\_\_\_

3) Medications N Y If yes, list: \_\_\_\_\_ 4) Other N Y If yes, list: \_\_\_\_\_

**(If a condition noted in this category is subject to a severe allergic reaction, an *Emergency Health Care Plan* must be completed.\*See Policy on Health Care included in this registration form.\*)**

**Currently taking medication:** N Y

If yes, and you feel it is pertinent to camp please list what the medication is being prescribed for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(In case of illness/injury, this information is helpful to emergency personnel.)**

**I have reviewed, understand and agree to comply with the Town of Jericho Summer Recreation Program's Policy Regarding Health Care Issues for Campers.**

**My child is covered by our personal health insurance as stated on this form, and I release the Town of Jericho and the Summer Recreation Program Staff from liability should my child incur illness or injury(ies) while participating in the Program.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Field Trip Permission Form**

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This form alleviates the need for separate permission slips for each field trip during the summer sessions. If a child chooses not to attend a field trip, there will be no regular camp that day. Regular field trips range in price from \$3.00 - \$5.00. Field trips may be paid in advance for a non-refundable \$25.00 for the full six weeks or \$15.00 for a 3 week session / combo session.

I, \_\_\_\_\_ formally grant  
Parent/Guardian

permission for my son/daughter \_\_\_\_\_  
Child's Full Name

to attend all scheduled or re-scheduled field trips sponsored by the Jericho Summer Recreation Program.

Scheduled field trips are written in the weekly newsletters. Any field trips that need to be re-scheduled will be posted at either BRMS or JES and on the Town Website. All newsletters are also posted on the Town Website ([www.jerichovt.gov](http://www.jerichovt.gov)).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Parental Permission for Child Pick-Up

Child's Name: \_\_\_\_\_

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Please list below anyone who has permission to pick-up your child from the Recreation Program.

## Don't Forget to Include Yourself!

If at anytime, someone other than those listed below are taking your child home, you must submit written permission to the Director or Assistant Directors.

**Name**

**Relationship**

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Parent/Guardian Signature \_\_\_\_\_

**Does your child have permission to leave camp (AT THE END OF EACH DAILY SESSION), and walk/bike home on their own? (please circle one and sign below)**

**YES      NO**

**Please specify which camp:** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Photo Release**

I, \_\_\_\_\_, am/ am not giving the Town of Jericho  
(Parent/Guardian of Camper)

permission to use \_\_\_\_\_ photo(s) on the Town  
(Camper's Name)

website ([www.jerichotvt.gov](http://www.jerichotvt.gov)), the Town Report, or in the Jericho Summer Recreation Brochure. Your child's name will NOT be used on any of the above sources. You do not need to give Recreation permission to use your child's photo to enroll in the Summer Recreation Program.

\_\_\_\_\_ YES (you can use photo(s))

\_\_\_\_\_ NO (please do not use)

## **NEWSLETTER DISTRIBUTION CHANGE**

\*Newsletters will be distributed by email each week. If you would prefer a hard copy of the newsletter please see either Assistant Director and one will be prepared for you.

\*\*A hard copy of the mode/activity sheet will be distributed weekly during check out time for your convenience.